

In addition to averaging vacancy rates across facilities, a position vacancy rate can be computed by summing the total number of vacant positions in the four hospitals and dividing by the total number of budgeted positions. The hospitals budgeted a total of 721 RN full-time equivalent positions (FTEs) as of October 1, 2004, and 150 of these positions were vacant at that time. This results in a 20.8% position vacancy rate for RNs. These rates are substantially higher than the average 6.8% facility vacancy rate and 6.5% position vacancy rate for RNs reported by general hospitals in the state for the same date. (To see these results and others from the 2004 Nurse Employer Survey, go to <http://www.nursenc.org/research/demand>, look for the section entitled 2004 Nurse Employer Survey, choose the topic and industry group of interest from within the table, and click on the link in that cell to see a specific report.)

Nursing Vacancy Rates in NC Psychiatric Hospitals as of October 1, 2004

	RNs (n=4)	LPNs (n=4)	NAs (n=3)
Average Facility Vacancy Rate	20.7%	9.7%	3.4%
Percent of Total Positions Vacant Across All Hospitals (Position Vacancy Rate)	20.8%	8.1%	3.2%

Vacancy rates for LPNs and nurse aides/direct care assistants were much closer to those reported by non-psychiatric hospitals. LPN vacancy rates ranged from 0% to 17.1% and averaged 9.7%. A total of 136 FTEs were budgeted for LPNs across all of the responding psychiatric hospitals, and 11 of these positions were vacant on October 1, 2004. Therefore, 8.1% of all LPN positions within the state hospital system (a position vacancy rate) were vacant at that point in time.

The necessary information to calculate vacancy rates for nurse aides (also called nursing assistants) were reported by only three hospitals. Those rates ranged from 0% to 6.2% and averaged 3.4%. A total of 1,266 nurse aide FTEs were budgeted in the three reporting hospitals, and 41 of these were vacant on October 1, 2004. This results in a position vacancy rate for nurse aides of 3.2% overall.

Consequences of an Inadequate Supply of Nurses

We asked hospitals' Chief Nursing Officers what consequences, if any, their facilities had suffered in the past year as a result of inadequate nurse supply. Their written responses to this open-ended question were coded into categories based on common themes. CNOs could report as many consequences as they wished, so the number of reports in the table above does not sum to the total number of responding hospitals. Three of the four hospitals provided a response to this query.

All three hospitals reported increased use of over-time for nursing personnel, and two reported increased use of agency/travel nurses or temporary pool employees. These reports are consistent